



FY 2011-2012

Employee Health Insurance Program

Plan Year July 1, 2011 – June 30, 2012

New Employee Orientation

Are you Eligible for Benefits?

- Yes, if you are an employee scheduled to work at least 20 hours per week.
- No, if you are a temporary employee or an employee working less than 20 hours per week.
- Contract employees may be eligible based on the terms of their contract.

Are Your Dependents Eligible?



Your Dependents listed below are eligible:

- Legal Spouse (does not include domestic partners)

- Effective July 1, 2011
 - Child or young adult under 26
 - Disabled child of any age, if disability began prior to age 26

Dependent Audits

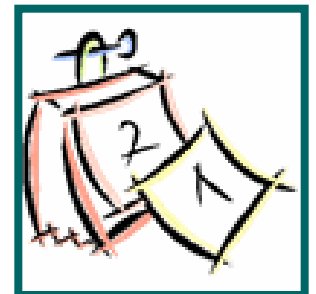
- All dependents added during new hire, or during open enrollment will be audited.
- All dependents added or dropped during a family status change will be audited.
- A letter will be sent to your home address requesting up to 3 forms of documentation of relationship.

Dependent Audits Cont'd.

- Follow the instructions to fax or mail to the address provided.
- Comply by the deadline.
- Failure to complete the audit will result in dependents losing coverage retroactively and you becoming liable for any services provided and paid for.

When Does Coverage Begin?

- 1st day of the month after your hire date, except flexible spending accounts start on the date you enter and submit your elections online.
- If election is not made within 30 calendar days from your hire date, you will be automatically enrolled for employee only coverage for:
 - Open Access Plus Low medical plan
 - Consumer Choice pharmacy plan
 - Vision plan
 - Behavioral Health plan
 - Basic life insurance



The Enrollment Process



- Register online at <https://portal.adp.com>
 - View portal log in procedures on the EBC Index, PRISM Information, & then 'Log in – Portal Information'
 - For Benefit Enrollment System instructions, go to: www.maricopa.gov/benefits/pdf/2011/OE11/onlineNewHireEnrollmentSystem.pdf
 - Review the Enrollment Checklist in the *Know Your Benefits* or *What's New?* booklets
 - Complete the worksheet
 - Contact the OET Customer Care Center at 602-506-HELP for system-related issues or to reset your password.

Enrollment Process Cont'd.



- **Enter elections in the Benefit Enrollment System within 30 calendar days of hire date!**
 - New hire event will be available on Thursday, the week following the data entry of your employment record in the payroll and records system
 - No exceptions for late enrollment
 - For specific benefit questions, contact the vendors. Phone numbers are in the “Who to Contact” page of the “*What’s New?*” and “*Know Your Benefits*” booklets
 - For general benefit or enrollment questions, contact the Employee Benefits Division at 602-506-1010, 8 AM – 5 PM, M-F

Social Security & Medicare Numbers

- Insurance vendors cannot print your Social Security Number (SSN) on ID cards
- Your SSN is sent to the insurance vendors for identification purposes unless you request an Alternative ID number through Employee Benefits before completing enrollment online
 - If you or your spouse are 45 or older, your SSN is required for enrollment

SSNs & Medicare Numbers Cont'd.

- Some benefits or vendors require use of your SSN, such as Flexible Spending Accounts, Group Legal and Choice Fund Medical plans.
- Medicare Health Insurance Claim Number is required if you or your dependents are enrolled in Medicare (Parts A, B or D).

Medical Waiver

- If you don't want to enroll in County medical benefits, you'll need to complete the enrollment process and waive medical benefits, otherwise you will be automatically enrolled.
- Effective July 1, 2011, the Medical Waiver Payment ended.

Benefit Vendors

- CIGNA HealthCare of AZ
- Catalyst Rx
- EyeMed Vision Care
- Magellan Health Services
- CIGNA Dental
- Delta Dental
- Employers Dental Services (EDS)
- The Standard Life Insurance
- Sedgwick CMS
- Automatic Data Processing, Inc. (ADP)



CIGNA HealthCare of AZ Medical Plans



CIGNA
A Business of Caring.

Medical Plans




- CIGNA Medical Group (CMG) *High & Low plans*
 - Services must be received within Maricopa County except for emergencies
- Open Access Plus In-Network (OAPIN)
 - Services available nationally
- Open Access Plus (OAP) *High & Low plans*
 - Services available nationally
- Choice Fund with Health Savings Account
 - Services available nationally

How to Look up CIGNA Participating Providers

- For doctors, outpatient facilities, and hospitals go to www.cigna.com and click on the provider directory link
- Look in the “*What’s New?*” FY 11-12 or current “*Know Your Benefits*” booklets for step-by-step instructions
 - Review the “How to Look Up a Provider Online” section
 - Be sure to select the correct “network” for the medical plan you are considering when doing a provider search, so that you are provided with accurate results

CIGNA Care Network

- Applies to in-network specialty care
- Office visit has lower copay when provider has the CCN designation
 - Endocrinology, Allergy/Immunology, Ear/Nose/Throat, Cardiology, General Surgery, Dermatology, Gastroenterology, Hematology/Oncology, OB/GYN, Infectious Disease, Neurology, Nephrology, Ophthalmology, Orthopedics/Surgery, Rheumatology, Cardio-Thoracic Surgery, Neurosurgery, Urology, Colon and Rectal Surgery and Vascular Surgery
- Providers identified by the Tree of Life  symbol in online directory
- Does not apply to Choice Fund medical plan

CIGNA Medical Group HealthCare Centers

- Broad Geographic Locations:
 - 22 Health Care Centers
 - One-Stop Shopping-Pharmacy, Lab, & Radiology
 - 230+ Clinicians & Primary Care Physicians (PCPs)
 - 4,865 Specialists
 - 37 Hospitals
- After Hours Urgent Care at 2 CMGs
- 2 Care Today convenience care clinics (no appointments required)



Stapley CMG
Clyde Wright CMG

CIGNA Medical Group Plans

- Require selection of a primary care physician (PCP)
- PCPs are limited to those located in the 22 CMG HealthCare Centers
- Most specialist care provided at a HealthCare Center
- Require referral by your CMG PCP to receive specialty care
- Out-of- network coverage is not available



CMG High Plan

<i>Service</i>	<i>Copay</i>
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$25
Convenience Care Clinic	\$15
Specialty Care Office Visit	\$35* / \$50
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$50/day, 5 day max, after deductible
Outpatient Surgery	\$100 after deductible
Alternative Medicine Visit	\$25 (limit 20 visits per yr)
Single/Family Facility Deductible	\$250/\$500
Out-of-Pocket Maximum Single / Family**	\$1,000 / \$2,000

Must choose a PCP. PCP must be in CMG Network. PCP's in private practice offices (not working in a CMG facility) are not in CMG Network. PCP referrals required to see specialist. No out-of-network coverage. *Cigna Care Network designation **Includes Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.



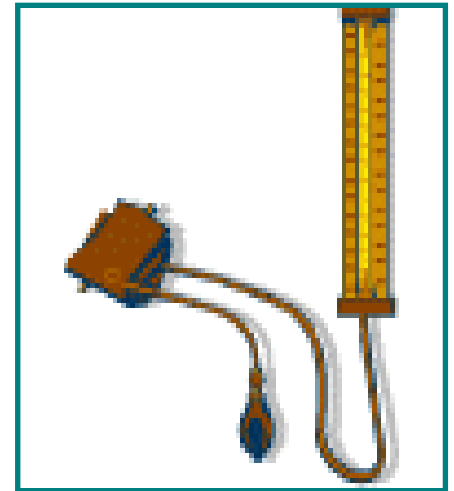
CMG Low Plan

<i>Service</i>	<i>Copay or Co-insurance</i>
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$35
Convenience Care Clinic	\$25
Specialty Care Office Visit	\$55* / \$70
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$150/day, 5 day max + 10% after deductible
Outpatient Surgery	\$250 + 10% after deductible
Alternative Medicine Visit	\$35 (limit 20 visits per yr)
Single / Family Facility Deductible	\$300 / \$600
Out-of-Pocket Maximum Single / Family **	\$5,000 / \$10,000

Must choose a PCP. PCP must be in CMG Network. PCP's in private practice offices (not working in a CMG facility) are not in CMG Network. PCP referrals required to see specialist. No out-of-network coverage. *Cigna Care Network designation **Includes co-insurance, inpatient facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.

Open Access Plus Plans

- National Network of Providers
- Primary Care Physician (PCP) not required
- Referral from PCP not required to see a specialist
- In- and out-of-network coverage on High and Low plans
- 2,902 Primary Care Physicians
- 10,597 Specialists
- 98 Hospitals
- 22 CIGNA Medical Group HealthCare Centers
- 2 Care Today Convenience Care Clinics





OAPIN Plan

<i>Services</i>	<i>Copay</i>
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$30
Convenience Care Clinic	\$20
Specialty Care Office Visit	\$40* / \$55
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$200/admit, after deductible
Outpatient Surgery	\$100 after deductible
Alternative Medicine Visit	\$30 (limit 20 visits per yr)
Single / Family Annual Deductible	\$250/\$500
Out-of-Pocket Maximum Single / Family **	\$1,500 / \$3,000

No PCP required. PCP referrals not required. Services outside of OAP Network not covered. *Cigna Care Network designation **Includes Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.

OAP High Plan (In-Network Services)



<i>In-Network Services</i>	<i>Copay</i>
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$35
Convenience Care Clinic	\$25
Specialty Care Office Visit	\$45* / \$60
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$250/admit, after deductible
Outpatient Surgery	\$150 after deductible
Alternative Medicine Visit	\$35 (limit 20 visits per year)
Single / Family Annual Deductible	\$350/\$700
Out-of-Pocket Maximum Single / Family **	\$2,000/\$4,000

No PCP required. PCP referrals not required. Services outside of OAP Network are covered at higher costs (30% co-insurance & \$700/\$1,400 deductible). *Cigna Care Network designation **Includes Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.



OAP Low Plan (In-Network Services)

<i>In-Network Services</i>	<i>Copay or Co-insurance</i>
Preventive Care	\$0
Primary Care Office Visit	\$45
Convenience Care Clinic	\$35
Specialty Care Office Visit	\$60* / \$75
Urgent Care	\$75
Emergency Room	\$175
Inpatient Hospital	\$1,000 + 10%/admit, after deductible
Outpatient Surgery	\$500 + 10%, after deductible
Alternative Medicine Visit	\$45 (limit 20 visits per yr)
Single / Family Annual Deductible	\$500 / \$1,000
Out-of-Pocket Maximum Single / Family **	\$5,000 / \$10,000

No PCP required. PCP referrals not required. Services outside of OAP Network are covered at higher costs (30% co-insurance & \$1,000/\$2,000 deductible). *Cigna Care Network

**Includes co-insurance, Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.

Facility Deductibles

CMG High and Low Plans

- Deductibles apply to inpatient and outpatient facility-based services. Examples of these types of services are listed below:

Inpatient Facility	Outpatient Services
<ul style="list-style-type: none">• Hospital• Skilled Nursing• Rehabilitation• Sub-Acute Facilities• Hospice	<ul style="list-style-type: none">• Outpatient hospital surgical center• Advanced Radiological Imaging at an Outpatient Hospital Facility, for MRI, MRA, CAT and PET Scans

Individual and Family deductible amounts aggregate. All covered members can contribute toward the family deductible amount but one person will not be charged more than the individual deductible amount.

Annual Deductibles

OAPIN, OAP High, & OAP Low Plans

- The annual deductible applies to all services except those received in a physician's office, Convenience Care clinic, at Urgent Care or an Emergency Room. The deductible applies to all services listed below.

Inpatient Facility	Outpatient Services
<ul style="list-style-type: none"> • Hospital • Skilled Nursing • Rehabilitation • Sub-Acute Facilities • Physician Consults and Visits • Hospice 	<ul style="list-style-type: none"> • Outpatient hospital surgical center • Advanced Radiological Imaging at an Outpatient Hospital Facility, for MRI, MRA, CAT and PET Scans • Lab and X-ray services • Home Health Care Services • Durable Medical Equipment • External Prosthetic Appliances • Hearing Aids • Consumable Supplies

Individual and Family deductible amounts aggregate. All covered members can contribute toward the family deductible amount but one person will not be charged more than the individual deductible amount.

In-Network & Out-of-Network Annual Deductibles OAP High & Low Plans

The OAP High and Low Plans have out-of-network coverage. There are separate deductibles for In-network and Out-of-network services.

OAP High	In-Network Deductible	Out-of-Network Deductible
Single	\$350	\$700
Family	\$700	\$1,400

OAP Low	In-Network Deductible	Out-of-Network Deductible
Single	\$500	\$1,000
Family	\$1,000	\$2,000

These deductibles accumulate one way (from Out-of-Network to In-Network).

Examples of Services where the Deductible **DOES NOT** Apply (All 5 Plans)

Description of the Service* In-network only	Does my deductible apply?
Visit my primary care doctor	No
Visit a specialist physician	
Take Care Clinic located in a Walgreens Pharmacy (including the location on the 2 nd Floor of the County Administration Building)	
Care Today Convenience Care Clinics	
Urgent Care Clinic	
Emergency Room	
Short-Term Rehabilitative Therapy	
Chiropractic Services	

**All providers who perform these services are contracted through CIGNA HealthCare*

Examples of Services where the Deductible **DOES** Apply (All 5 Plans)

Description of the Service* In-network only	Does my deductible apply?
Hospital Stay	Yes
Outpatient Surgery Facility Services (i.e. operating rooms, recovery rooms)	
Admission to Skilled Nursing, Rehabilitation, and Sub-Acute Facilities	
Advanced Radiological Imaging (i.e. MRI, MRAs, CAT Scans, PET Scans) at an Inpatient/Outpatient Hospital Facility (Does not apply to free-standing radiology facilities)	

**All providers who perform these services are contracted through CIGNA HealthCare*

Claims Processing

Claims are processed in the following order:

1. Annual or Facility Deductible (if applicable to the service, and if not been met for the plan year)
2. Copay (if applicable)
3. Co-insurance (if applicable)

Example

Surgery performed at an In-network Outpatient Hospital Surgery Center

Service: Outpatient Hospital Surgery

Medical Plan	CMG High Option	CMG Low Option	OAPIN Option	OAP High Option	OAP Low Option
CIGNA contracted amount owed to the Provider to pay for your service	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Your Annual Deductible*	(\$250)	(\$300)	(\$250)	(\$350)	(\$500)
Your Copay for Outpatient Surgery	(\$100)	(\$250)	(\$100)	(\$150)	(\$500)
Balance Due to the Provider	\$2,150	\$1,950	\$2,150	\$2,000	\$1,500
Your Co-insurance for Outpatient Hospital Surgery		(1,950*10%) (\$195)			(1500*10%) (\$150)
Balance Due to the Provider	\$2,150	\$1,755	\$2,150	\$2,000	\$1,350
Your TOTAL Responsibility	\$350	\$745	\$350	\$500	\$1,150

Your total payment responsibility, includes the annual deductible, copay (if applicable) and co-insurance (if applicable).

*Example applies to single (employee only) coverage.

Choice Fund Medical Plan with a Health Savings Account (HSA)

- National PPO (Preferred Provider Organization) Network of Providers
- Primary Care Physician (PCP) not required
- Referral from PCP not required to see a specialist
- In- and Out-of-network coverage
- Largest national provider network of all 6 plans

Choice Fund Cont'd.

- High-deductible health plan where a deductible has to be met before the plan pays (except for preventive services)
- **No payroll deduction for premiums** if you pass the saliva test for nicotine detection and you (plus your covered dependents) are non-tobacco users, you participate in Biometric Screening and complete the online Health Assessment
- 10% co-insurance after annual deductible is met

Choice Fund Cont'd.

- Includes CIGNA Pharmacy plan and CIGNA Behavioral Health plan
- Provides Free preventive medical care and Free preventive generic and preferred-brand medication without having to meet the deductible
- Provides preventive non-preferred-brand medication at 50% co-insurance without having to meet the deductible.

Choice Fund Medical Plan

<i>In-Network Services</i>	<i>Deductible/Co-insurance</i>
Deductible Individual/Family	\$1,200 / \$2,400
Out-of-pocket maximum	\$2,000 / \$4,000
Primary Care Office Visit	10% after deductible
Specialty Care Office Visit	10% after deductible
Preventive Care	Free
Urgent Care	10% after deductible
Emergency Room	10% after deductible
Inpatient Hospital	10% after deductible
Outpatient Surgery	10% after deductible
Alternative Medicine Visit	10% after deductible (limit 20 visits/year)
CIGNA Behavioral Health	10% after deductible (except intensive outpatient programs cost 50% after deductible)
CIGNA Pharmacy Free preventive generic & preferred-brand drugs; Deductible does not apply to any preventive drug	30% generic after deductible 40% preferred-brand after deductible 50% non-preferred-brand after deductible

Choice Fund Deductible

- Deductibles apply to all services except preventive care, and preventive medication (generic, preferred and non-preferred brand) on the drug list
- Deductible is set at the Individual level if you elected individual coverage or Family level if you elected family coverage.
- Family deductible amounts are collective. All members contribute to the deductible. One person could meet the entire family deductible amount.
- Deductibles cross-accumulate. If you meet all or part of either your out-of-network or in-network deductible, that amount applies to both your out-of-network or in-network deductibles.

Choice Fund

Out-of-Pocket Maximums

- Includes the medical deductible and all co-insurance including the pharmacy co-insurance
- Set at the Individual level, if you elected Individual coverage or the Family level, if you elected Family coverage
- Cross-accumulates between in-network and out-of-network
- Family out-of-pocket maximums are collective. All members contribute to the out-of-pocket maximum. One person could meet the entire Family out-of-pocket maximum.

Health Savings Accounts

- To open an HSA, you can't be enrolled in any other medical insurance, including Medicare and you can't be claimed as a tax dependent on someone else's tax return.
- County contributes to your HSA: \$500 for individual coverage or \$1,000 for family coverage (pro-rated by the number of months remaining in the plan year if a new hire or newly benefit eligible)

Health Savings Accounts

- Requires completion of banking application online at mycignaplans.com (ID: maricopacounty2011; password: cigna) to establish your Health Savings Account
- Can contribute up to \$3,050 for individual coverage or \$6,150 for family coverage to HSA, plus \$1,000 catch-up if 55 or older minus County contribution

Health Savings Accounts

- Can make investment allocations when account balance is \$2,000
- HSAs provide triple tax-savings
 - Tax deductions when contributing to the account
 - Tax-free earnings on funds in the account through investments
 - Tax-free withdrawals for qualified expenses
- Fully portable if you are no longer employed with the County
- Unused funds remain in your account indefinitely

Alternative Medicine Benefits

- A benefit for any member enrolled in any of the 6 CIGNA medical plans
- 20 visits per plan year for your PCP copay or co-insurance
- Services covered include:
 - Acupuncture / Acupressure
 - Homeopathic consultation
 - Biofeedback / Guided Imagery
 - Massage Therapy
- Must use CIGNA's Alternative Medicine Network
- Not all services are available at all locations
- \$60 credit per plan year for herbal/homeopathic or natural products



5 CIGNA Medical Plans
Choice Fund Medical Plan

\$10 Co-pay
\$39.95/Consult

Register online:

mdlivecare.com/maricopa
or call 1-888-632-2738

- Nationwide Network of Doctors
- Available 24/7/365
- Unlimited Informational Calls or Emails
- Health References
- Symptom Checker
- Personal Health Record

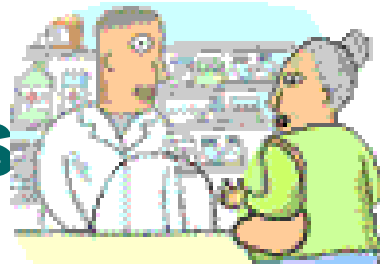




Quality, Collaboration & Innovation



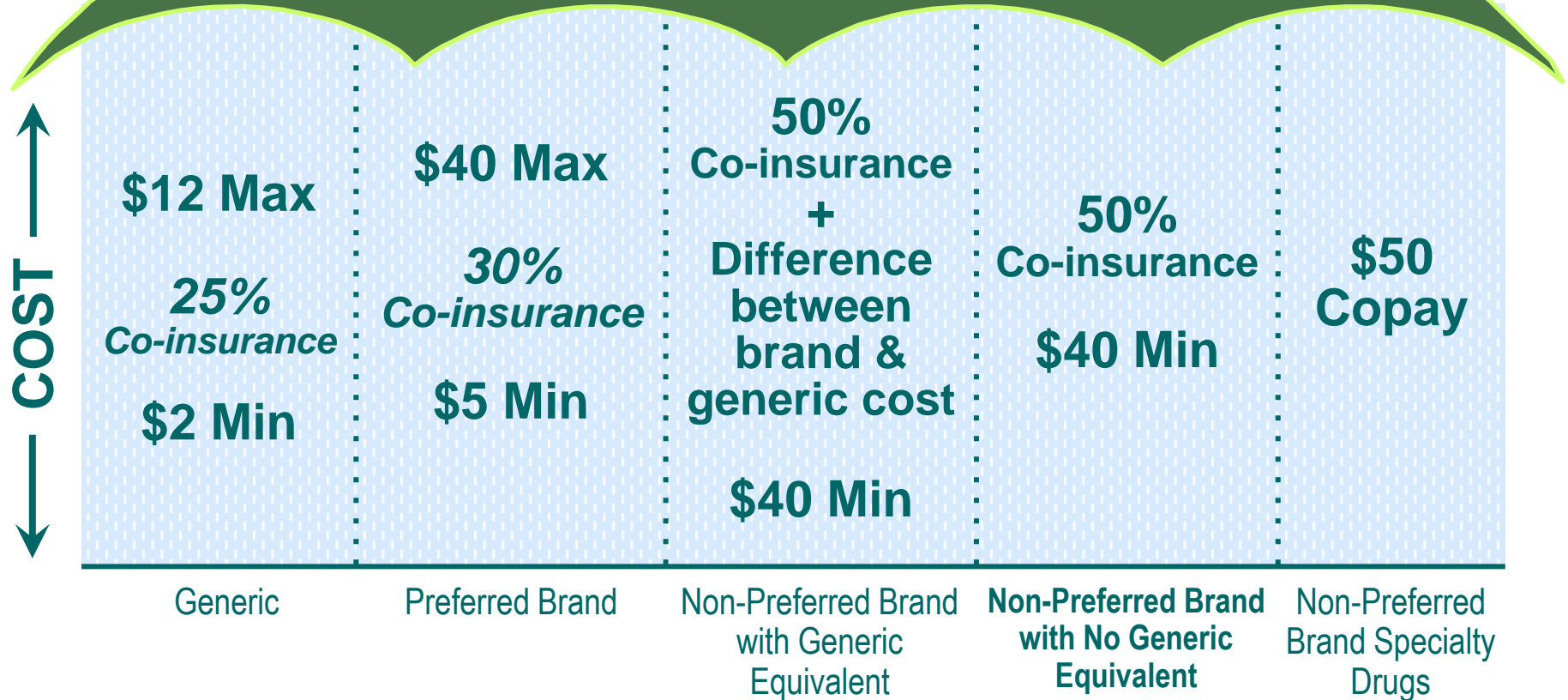
Catalyst Rx Pharmacy Plans



- 2 Pharmacy plans are available for all 5 CIGNA medical plans (except for Choice Fund HSA)
 - Co-insurance-based, multi-tier pharmacy plan that uses a preferred medication list
 - Consumer Choice pharmacy plan – a consumer-driven plan that does not use a preferred medication list and offers certain preventive generic medications at no cost
 - Certain drugs are excluded: oral non-sedating antihistamines, PPIs (for reflux), infertility, NSAIDS

Choosing Your Pharmacy Plan

Co-insurance Pharmacy Plan Annual Out-of-Pocket Maximum \$1,500 Single/\$3,000 Family



← **FREEDOM OF CHOICE** →

Choosing Your Pharmacy Plan

Consumer Choice Pharmacy Plan \$1,500/\$3,000 Annual Out-of-Pocket Maximum

💧 \$300
Individual or
\$500 Family*

💧 100%
Employer
funded

💧 Any unused
amount is
carried over to
next year

🔥 \$300 Individual
or \$500 Family*

🔥 100%
Employee paid

💧 80% covered
by Employer

💧 20% covered
by Employee

💧 \$50 copay;
does not apply
to pharmacy
account,
deductible or
insurance
coverage
levels; applies
to out-of-
pocket
maximum

Level 1 Pharmacy
Reimbursement
Account

Level 2 Deductible

Level 3 Insurance
Coverage

Specialty Drug

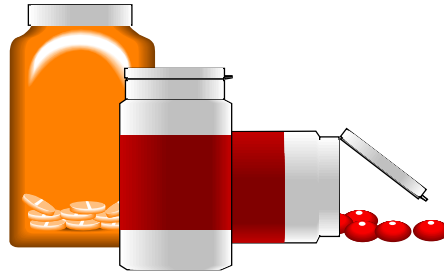
**Family refers to employee and one or more covered dependents.*

Certain Preventive generic medications are free!

www.walgreenshealth.com

Short-Term Prescription Needs

- Up to a 30-day supply from participating retail pharmacies
 - Walgreens
 - Safeway
 - Albertson's
 - Basha's
 - Fry's
 - Costco
 - Kmart
 - CVS
 - Target
 - Sam's Club
 - Wal-Mart
 - Other independent pharmacies
 - CIGNA CMG pharmacies



www.walgreenshealth.com

Long-Term Prescription Needs



- 3-month (84-91 day) supply required for all maintenance medication, after two 30-day fills
- Advantage90™ Retail Pharmacies:
 - Walgreens, Bashas', Albertson's, Fry's, Kmart, Safeway, Sam's Club, Target, Wal-Mart, CVS, and more
- Walgreens Mail Service

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Pharmacy Benefit & Mail Plan Member Services

Welcome, plan members!
Make your life easy...

Sign in or set up your account to take advantage of our convenient online tools, including:

- Easy online refills—order mail service, specialty and retail prescriptions at one time
- Cost-savings lookup—view your price under your Walgreens Health Initiatives plan and search for lower-cost alternatives
- Print-ready individual and family prescription records reports

Learn more to get started with your account:

- [Benefits of Registering](#)
- [Documents & Forms](#)
- [FAQ](#)

Support for Chronic & Complex Conditions

Select a condition or therapy to get started:

[GO](#)

Choose Walgreens for complimentary support services for many chronic and complex conditions. We provide:

- Specialized medications and condition-specific care and expertise
- Convenient medication delivery
- Confidential follow-up, including refill reminders by phone
- Help with insurance verification
- Easy online refills and prescription recordkeeping

Learn more about our services:

Sign in to manage your Walgreens health account

User ID:

Password:

[sign in](#)

[I forgot my user ID or password](#)

New to the website?

[register now](#)

About WalgreensHealth.com

We offer tools and features especially for Walgreens plan members and for patients who rely on Walgreens for specialty pharmacy support for chronic and complex conditions.

[Learn more](#)

How can Walgreens serve you better online?

[Let us know.](#)

- Easy online mail service, specialty pharmacy & retail refills
- Print your Rx claims record
- Get pricing, coverage & network pharmacy info
- Get Forms & ID Cards
- View the Drug List
- Get Condition-specific support
- Find health resources

Overview of Onsite Services

- An Onsite Walgreens Pharmacy and Take Care Clinic (Convenience Care Clinic) is:
 - available exclusively for benefit-eligible Maricopa County employees and benefit eligible dependents
- Both the pharmacy and the clinic are located on the 2nd floor of the County Administration Building next door to Customer Service (Suite 201)

YOUR privacy is our #1 priority!

Onsite Take Care Clinic

- To be seen by the Nurse Practitioner you will need:
 - Your medical insurance card (Most plans accepted)
 - Picture ID
 - Copay in the form of cash or debit/credit card (personal checks are not accepted)
- Routine care for common illnesses (not chronic conditions)
 - Respiratory Illnesses
 - Skin Conditions
 - Vaccinations
 - Minor Injuries
 - Seasonal Allergies
 - Diagnostic Testing
- Prescriptions may also be written when necessary
- Examples of services/treatments not offered include:
 - Worker's Compensation
 - Prescriptions for narcotics
 - Chronic conditions
 - Occupational Injuries
 - Emergency situations
 - Primary Care

Onsite Take Care Clinic Cont'd.

- Except for County holidays, open from 7 AM to 4:30 PM, Monday through Friday
- Staffed by board-certified Nurse Practitioners
- NO appointments; Patients are seen on a first come, first served basis
- Convenience Care Copay applies
 - \$10 discount off PCP copay; Ranges from \$15 to \$35 depending on your medical plan
 - Choice Fund members pay full cost until deductible is met, then 10%

Onsite Walgreens Pharmacy

- Except for County holidays, open from 7 AM to 5 PM, Monday through Friday
- Staffed by a team of registered pharmacists and pharmacy technicians trained on the Maricopa County benefits plans
- Ask the friendly pharmacist how to lower you medication cost; request a personal consultation and review of your medication profile today!

Incentives for Using Walgreens Onsite Pharmacy

- Incentives are available at this pharmacy location **only** & apply to 90-day fills
- Consumer Choice Pharmacy Plan members receive a one-time \$25 automatic deposit in their Level 1 pharmacy account with 1st fill

Onsite Pharmacy Incentives Cont'd.

- Co-insurance Pharmacy Plan members save 10% on generics (15% co-insurance) & 5% on preferred brands (25% co-insurance). This savings is realized when compared to the co-insurance at other retail pharmacies (25% for generics and 30% for preferred brands) & will not be realized if you are paying the minimum or maximum copay.
- If you are paying the maximum copay of \$36 for generics or \$120 for preferred brands, you save \$8 on generics or \$50 on preferred brand drugs by purchasing your drugs at the onsite pharmacy

Additional Services at the Onsite Walgreens Pharmacy

- Medication Therapy Management Consultations (MTM)
 - Your pharmacist works with you and your doctor to advise of more cost-effective options and prevent:
 - Duplicate therapies
 - Medication-related side effects
- Walgreens Optimal Wellness Diabetes Program
 - Educational program offered at various Walgreen's locations throughout Maricopa County – including the onsite Walgreens Pharmacy
 - One-on-one Consultations provided by Certified Diabetes Educator



Healthful Living™ Tobacco Free Program

- Telephonic coaching for up to 6 months on:
 - Understanding the importance of lifestyle changes to reduce disease risks
 - Managing withdrawal symptoms
 - Managing weight and stress
- Get Started Today!
 - You must be 18 years of age or older and enrolled in either the Catalyst Rx Co-insurance or Consumer Choice Pharmacy plans.
 - OTC and prescription tobacco-cessation medications are covered up to a maximum of \$500 per enrollee per plan year. To qualify, you must participate in monthly tobacco free health coaching calls.

Call 866-202-4665 to sign up today!

Contact Information

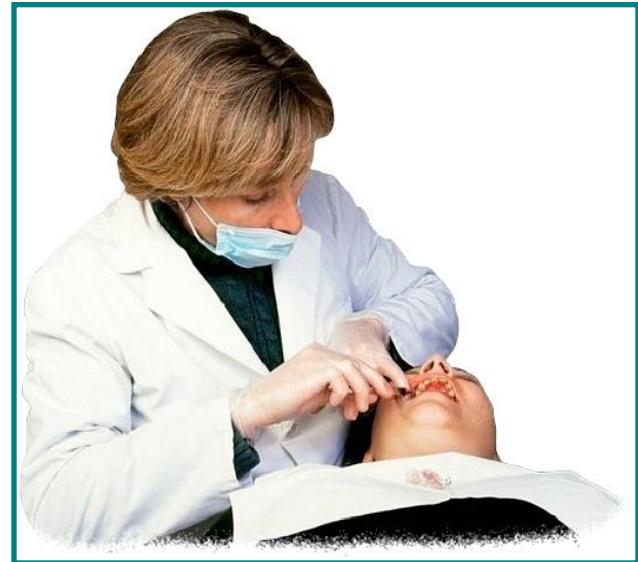
- For questions regarding your pharmacy benefit, copays, co-insurance or claims, please call Catalyst Rx Member Services
 - 800-207-2568
- For onsite pharmacy or Take Care Clinic questions, please stop by & talk with the pharmacy staff or nurse practitioner, or call
 - Walgreens Pharmacy 602-283-9925
 - Take Care Clinic 1-866-TakeCare



Dental Plans

Dental Plan Choices

- CIGNA Dental
 - In-network & out-of-network benefits
- Delta Dental
 - In-network & out-of-network benefits
- Employers Dental Services (EDS)
 - In-network benefits only



CIGNA Dental Plan



- \$2,000 max/person/year
- Deductible
 - \$50 individual
 - \$100 family
- In-network coverage:
 - 100% for preventive care
 - 80% for basic restorative services
 - 50% for major restorative services
- Out-of-network coverage *
 - 80% for preventive care
 - 60% for basic restorative services
 - 50% for major restorative services
- * Based on reasonable & customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - No age limit

Progressive/Regressive Feature

Year One - Enrollment - Base Plan

Benefit Level	In-Network		Out-of-Network	
	Plan	Employee	Plan	Employee
Class I - Preventive & Diagnostic Care	100%	0%	80%	20%
Class II - Basic Restorative Care	80%	20%	60%	40%
Class III - Major Restorative Care	50%	50%	50%	50%
Class IV - Orthodontia	50%	50%	50%	50%

Year Two - Enrollment

Benefit Level	In-Network		Out-of-Network	
	Plan	Employee	Plan	Employee
Class I - Preventive & Diagnostic Care	100%	0%	80%	20%
Class II - Basic Restorative Care	85%	15%	65%	35%
Class III - Major Restorative Care	55%	45%	55%	45%
Class IV - Orthodontia	50%	50%	50%	50%

Year Three - Enrollment

Benefit Level	In-Network		Out-of-Network	
	Plan	Employee	Plan	Employee
Class I - Preventive & Diagnostic Care	100%	0%	80%	20%
Class II - Basic Restorative Care	90%	10%	70%	30%
Class III - Major Restorative Care	60%	40%	60%	40%
Class IV - Orthodontia	50%	50%	50%	50%

Progressive/Regressive Scenarios

ILLUSTRATION 1

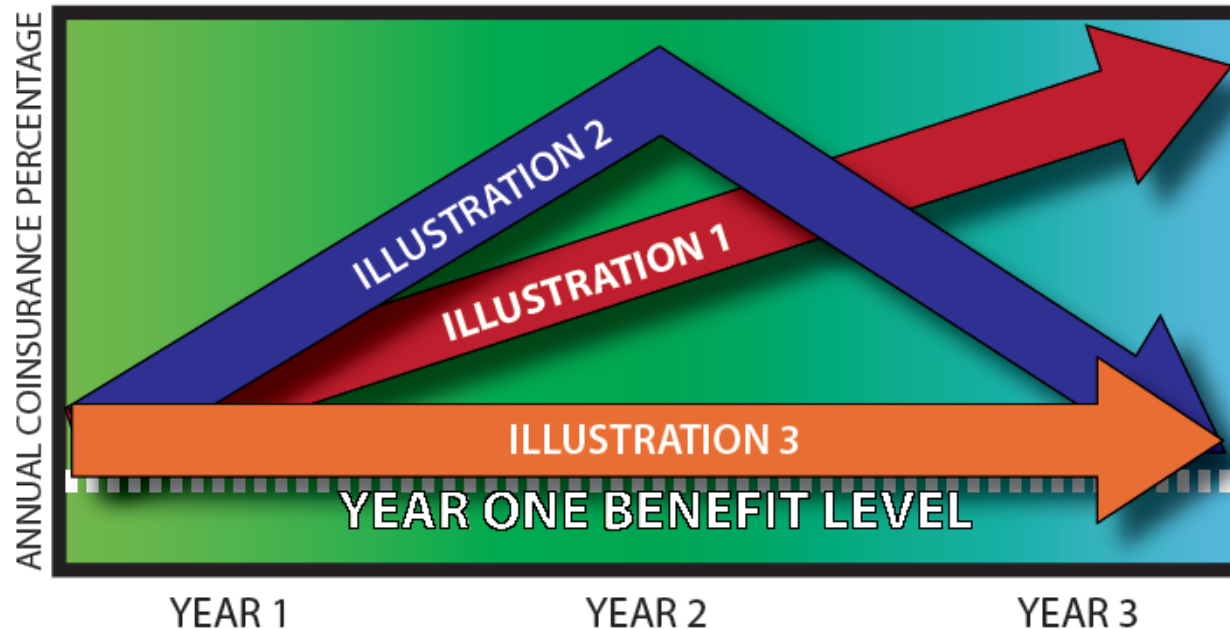
If you receive preventive care every plan year, your benefit level will increase the following plan year until it reaches the maximum level - year 3.

ILLUSTRATION 2

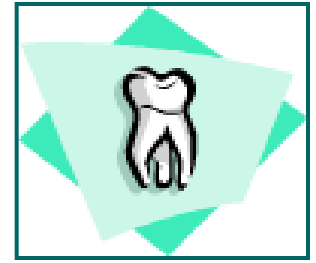
If you receive preventive care in plan year 1, your benefit level will increase in year 2. If you do not receive preventive care in year 2, your benefit level in year 3 will return to year 1 benefit level.

ILLUSTRATION 3

If you never receive preventive care, your benefit level will remain the same and never decrease below your base plan year.



Delta Dental Plan



- \$2,000 max/person/year
- Deductible
 - \$50 individual
 - \$100 family
- In-network coverage:
 - 100% for preventive care
 - 80% for basic restorative services
 - 50% for major restorative services
- Out-of-network coverage *
 - Claims paid at same percentage (100%, 80%, or 50%) as in-network
- * Based on reasonable & customary charges
- Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - Must be 8 or older

EDS Dental Plan*



- No annual per person maximum
- No deductible
- You select one general dentist for the entire family from EDS network
- Copay amounts determined by type of service
- Low or no copays for preventive services
- Specialty care (such as pediatric dentistry) provided at a discount
- Orthodontic service provided at a 25% discount

***Services in process at time of enrollment are excluded.**



Other Benefits

EyeMed Vision Plan

- In- and Out-of-Network coverage available
- Uses the Select Network
- Provides annual coverage of vision exams, glasses or contacts
- Lasik vision correction benefit
- Vision benefit may be purchased separately, if you waived enrollment in a medical plan



EyeMed Vision In-Network Options*

■ Glasses

- \$10 vision exam
- \$10 standard lenses
- Frame within \$130 retail allowance, 20% off balance
- \$15 each: UV Coating, Tinting, Scratch Resistance
- \$45 Anti-Reflective Coating
- \$75 Standard Progressive lenses
- Up to 40% discount off additional complete eyeglass purchase

■ Contacts

- \$10 vision exam
- Up to \$40 fit and follow-up
- \$130 allowance
- Order replacement lenses at www.eyemedcontacts.com
- Lasik and PRK Vision Correction
 - One-time benefit of \$150 allowance plus 15% discount



* Refer to Vision Plan page in What's New or Know Your Benefits for details on Out-of-network coverage

EyeMed Acute Care Benefit

- Includes treatment of acute eye conditions by an in-network provider at no cost
 - Urgent eye care conditions such as “pink eye”
 - Progressive eye care conditions that result in vision loss
- Treatment of chronic conditions such as glaucoma or diabetes (except refraction) must be received through your medical plan benefit and medical provider.

Employee Assistance Program (EAP)

- Provided by Magellan Health Services
- Confidential counseling for you and your dependents
- Available to all employees and their dependents regardless if benefit eligible
- Free short-term counseling, up to 8 sessions/person/problem/year, in-person or over the phone
- Counseling services require pre-authorization
- Call 888-213-5125 to get started
- Free legal consult
- 30-day free financial counseling



Online resources available at:
www.magellanassist.com

Behavioral Health and Substance Abuse Services

- Magellan Health Services is vendor for 5 CIGNA medical plans
- CIGNA Behavioral Health is vendor for Choice Fund medical plan
- Both vendors provide:
 - Confidential counseling and therapy for behavioral health issues and drug or alcohol dependency
 - In-Network and Out-of-Network services

Magellan: In-Network



- All services require prior authorization
- \$20 outpatient individual therapy copay
- \$5 outpatient group therapy copay
- \$10 medication check office visit copay
- \$25 per day inpatient hospital care copay
 - Up to 30 days per year (in- and out-of-network days are combined)
- \$100 copay per intensive outpatient program

888-213-5125 or www.magellanassist.com

Magellan: Out-of-Network

- Benefit pays \$25/visit for outpatient individual therapy; you pay the balance
- Inpatient hospitalization and Intensive Outpatient Programs require prior authorization
- Benefit pays \$15/visit for outpatient group therapy; you pay the balance
- \$500 deductible and then benefit pays \$250/day for inpatient hospitalization; you pay the balance
 - Up to 30 days/year (in- and out-of-network days are combined)



888-213-5125 or www.magellanassist.com

CIGNA Behavioral Health In-Network for HSA Plan



- Only inpatient hospitalization requires prior authorization; all other services are by self-referral
- Outpatient therapy and medication checks: 10% after deductible
- Intensive outpatient program: 50% after deductible; maximum up to 3 programs/plan year
- Inpatient hospitalization: 10% after deductible; 60 days combined maximum/plan year

800-244-6224

<http://apps.cignabehavioral.com>

CIGNA Behavioral Health Out-of-Network for HSA Plan

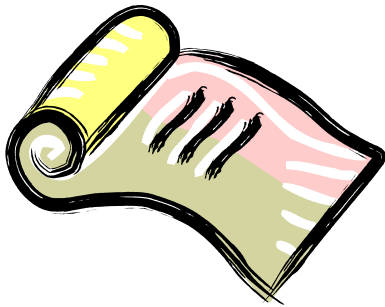
- All out-of-network services require prior authorization
- Call CIGNA to start the authorization process
- Outpatient therapy and medication checks: 30% after deductible
- Intensive outpatient program: 50% after deductible; maximum up to 3 programs/plan year
- Inpatient hospitalization: 30% after deductible; 60 days combined maximum/plan year



800-244-6224 or
<http://apps.cignabehavioral.com>

Life Insurance Plans

- Provided by The Standard
- Basic Life with Basic Accidental Death & Dismemberment (AD&D) Insurance
 - 1 x Annual Base Salary
 - Paid 100% by Maricopa County
- Additional term life (with lower rates for non-smokers) and/or AD&D insurance for employee only or employee & family
 - Up to 5 times annual salary (\$500,000 maximum) without evidence of insurability (EOI), if you enroll as a new hire
- Dependent spouse & child life insurance available without EOI up to guaranteed limits (\$10,000 for child life & \$50,000 for spouse life), if you enroll as a new hire



Short-Term Disability Plan

■ Administered by Sedgwick CMS

- Choice of 3 coverage levels
- \$2,000 benefit maximum per week
- Policy has a pre-existing exclusion for treatment or diagnosis 90 days before coverage effective date; benefits are not payable for that condition until treatment free for 3 months or covered by the plan for 12 months
- Enrollment is locked in for the plan year; can't be dropped if you have a qualified status change; can only be dropped or changed at open enrollment
- Premium is calculated on your base salary. Use the premium calculator on the Benefits home page, under Disability tab, or the Benefit Enrollment System automatically calculates premiums
- Review the Plan Description on Benefits home page for complete details.



Flexible Spending Accounts (FSAs)

- For Health care and/or day care expenses
 - Set pre-tax money aside to lower your costs to purchase health care items or services or to be reimbursed for day care expenses
 - Annual health care FSA pledge is available immediately
 - Good idea to enroll in FSA to help pay for required 90-day maintenance medication refills!
 - Be conservative in the annual election amount because any money left unclaimed will be forfeited.
 - Claims must be filed by Nov. 30 following the end of the plan year for the Health Care FSA and by Aug. 31 for Dependent Care FSA, or within 60 days if you terminate employment
 - **Make your annual election for the amount you want to be withheld for the remainder of the plan year (June 30)**

FSA Plans Cont'd.

■ Health Care FSA

- Health Care FSA for medical, pharmacy, some over-the-counter medication (OTC coverage requires a prescription), dental, & vision expenses
- Limited Use FSA, if in Choice Fund HSA, for dental or vision expenses
- \$5,200 plan year maximum

■ Dependent Care FSA

- For child care expenses up to age 13
- For adult care expenses
- \$5,000 calendar year maximum



Health Care FSA Example



	Bob with FSA	Tom without FSA
Gross Income:	\$25,000	\$25,000
Medical expenses run through the plan:	- \$1,200	- \$0
Taxable Income:	\$23,800	\$25,000
Estimated Federal Income Tax:	- \$2,805	- \$2,985
Estimated Social Security (FICA) Tax:	- \$1,821	- \$1,913
Estimated State Tax:	- \$730	- \$790
<i>Pay check after taxes:</i>	<i>\$18,444</i>	<i>\$19,312</i>
Expenses not run through the plan	- 0	- \$1,200
Spendable Income:	\$18,444	\$18,112

Bob's tax savings are \$332 annually by using a FSA

This illustration is an example of potential federal tax savings based on gross annual income of \$25,000, single & 15% tax bracket & doesn't pertain to any individual tax situation. You may receive additional tax savings from state & local taxes. Consult your tax advisor for more information.

Additional Benefits

- Liberty Mutual
 - Discount Auto, Home, and Renters Insurance
 - Available by payroll deduction
 - Contact Liberty Mutual to enroll
- Nationwide Retirement Solutions
 - Deferred Compensation Program
 - Save up to \$16,500 on a pre-tax basis for retirement
 - Save an additional \$5,500 if 50 or older
 - Available by payroll deduction
- \$10,000 Post Employment Health Plan (PEHP)
available upon retirement to employees with
1,000 Sick leave hours

MetLaw Group Legal Plan

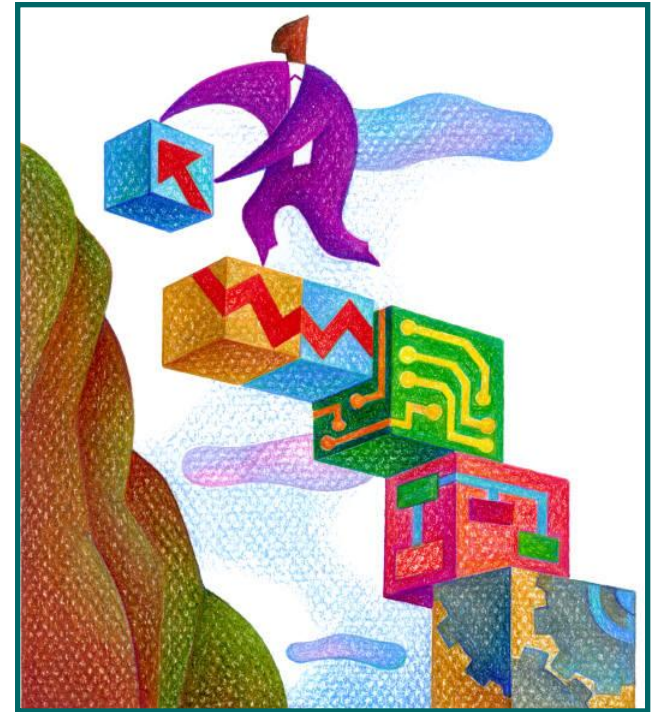
Hyatt Legal Services

- A plan that provides legal representation & services for a wide range of personal legal matters through plan attorneys
 - Court appearances
 - Document review & preparation
 - Debt collection defense
 - Wills
 - Family Matters
 - Real Estate Matters
 - Traffic Ticket Defense (except DUI/DWI)
 - Adoption and Legitimization
 - Security Deposit Assistance
 - Elder Law Matters
 - Personal Property Protection

Choose the Right Plan for You and Your Family

Before making your elections, review plans for:

- ✔ Out-of-Pocket Cost for Copays and Co-insurance
- ✔ Annual Deductible
- ✔ Out-of-Pocket Maximum
- ✔ Payroll Deduction for Premiums
- ✔ Size and Restrictions of the Provider Network
- ✔ Prescription Needs
- ✔ Behavioral Health Needs
- ✔ Prior Authorization to see a Specialist
- ✔ The CIGNA Care Network
- ✔ Pre-Existing Conditions



Next Steps

- Review the *What's New* Guide and/or *Know Your Benefits* booklet
 - [What's New Guide Link](#)
 - [Know Your Benefits Link](#)
- View Webinars from your desktop to review how the plans work
 - [Cigna Medical](#)
 - [Choice Fund HSA](#)
 - [Cigna Dental](#)
 - [Delta Dental](#)
 - [EDS \(Dental\)](#)
 - [Magellan](#)
 - [Pharmacy](#)
 - [Vision](#)

Next Steps Cont'd.

- Use the available tools to help you make your benefit decisions.
 - mycignaplans.com
ID: **maricopacounty2011** password: **cigna**
 - walgreenshealth.com
 - [Prescription Cost Estimator](#) *(requires MS Excel)*
- Get answers to Frequently Asked Questions:
 - [Open Enrollment Questions](#)
 - [Choice Fund HSA Frequently Asked Questions](#)

Next Steps Cont'd.

- Complete your worksheet with your benefit elections to make entry into the Benefit Enrollment system quick and easy.
- Register online at <https://portal.adp.com>
 - Instructions located at EBC/Index/PRISM Info/Self-Service Portal Registration Instructions

Next Steps Cont'd.

- Log on to the ADP portal and Benefit Enrollment System within 30 calendar days from hire date or you'll be automatically enrolled in benefits.
 - New hire event will be available on Thursday, the week following the data entry of your employment record in the payroll and records system
- No exceptions for late enrollment!
- Enter your benefit elections and enroll dependents by checking the box next to their name.
- Click on the "Submit" button when you are finished so that your elections are saved.

Next Steps Cont'd.

- Print your Confirmation page, containing your Confirmation Number, from the Benefit Enrollment System when you've successfully completed enrollment.
- Review the Confirmation Statement mailed to your home address
- Compare your Confirmation page with your Confirmation Statement. If changes are required, contact Employee Benefits within 10 calendar days.

Next Steps Cont'd.

- To receive the Premium Reductions as of your benefit effective date, complete the screenings and assessment within 45 calendar days of your benefit effective date.
- Screenings and Assessments completed after 45 days result in prospective receipt of the premium reduction, starting with the next pay period following completion.

Click [HERE](#) for instructions on completing the
Biometric Screening, Health Assessment
& Non-Tobacco User Premium Reduction

Final Tidbits

- New Hire enrollment events are open for up to 30 days from date hire.
 - Changes can be made as many times as needed from when event is available to you and 30th day.
- A confirmation statement is generated for each change made and submitted per day.
- The last change on record as shown on your final Confirmation Statement will be your final election.
 - No elections changes are allowed until the next open enrollment.

ID Cards and Payroll Deductions

- Vendors mail ID cards to your home address
 - Most vendor Web sites allow you to print a temporary ID card
 - Plan booklets are available on the Benefits Home page under the applicable benefit tab
- Check your online paycheck often
 - Ensure correct premium amount is deducted
 - Refunds of overpayments cannot be made unless reported before 6 months from the date the error began

Benefit Premium Deductions



- 24 deductions annually
 - Two pay checks a year have no benefit deductions
 - FY 2011-12 benefit free pay checks on Nov. 9th and May 9th
- Exception
 - Flexible Spending Accounts, Liberty Mutual, Deferred Compensation and employee contributions to the Health Savings Account have 26 deductions annually

Qualified Status Change



- Examples
 - Marriage
 - Birth of a child
 - Adoption
 - Divorce
 - Death
 - Change in employment status
- Can add or drop dependents as long as it is consistent with the change reason. Cannot change plan elections except life insurance (but may require EOI)
- If a dependent loses eligibility, it is your responsibility to report the change within 30 calendar days
- You must report status changes within 30 calendar days of the change
- Record status changes via the Benefit Enrollment System
- Dependent Verification Service will mail request for required documentation



Arizona State Retirement System

- 1 of 4 Public Employee Pension Plans
 - Defined benefit plan
- Membership is required if you:
 - Work at least 20 hours/week
 - Work at least 20 weeks/year
- Your Contribution
 - Based on gross wages
 - Retirement = 11.13% eff. 7/1/11
 - Long-term disability = 0.26% eff. 7/1/11
 - 11.39% Total deduction
- ASRS Member Handbook available at www.azasrs.gov



Benefits Home Page

- EBC/Intranet
 - ebc.maricopa.gov/ehi
 - Only available via the Maricopa County network
- Internet
 - www.maricopa.gov/benefits



Thanks for Attending!

- This concludes the presentation regarding Employee Benefits
- For assistance call 602-506-1010
- For specific benefit coverage questions, contact the vendors. See “Who to Contact” section of *What’s New?* or *Know Your Benefits*.
- For system-related questions call Help Desk at 602-506-HELP